



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1182

DATE: October 18, 2012

TO: Iowa Medicaid Opticians, Optometrists, and Physicians

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Optical Policy Changes

EFFECTIVE: November 1, 2012

1. Fresnel press-on prisms, code V2718. Prior authorization is allowed for dates of service on or after November 1, 2012, for members whose vision cannot adequately be corrected with other covered prisms. (An exception to policy is no longer required in these situations.)

2. Photochromatic tint, code V2744. Prior authorization is allowed for dates of service on or after November 1, 2012 for members who have a documented medical condition that causes photosensitivity and less costly alternatives, such as clip-ons or a visor, are inadequate. (An exception to policy is no longer required in these situations.)

3. New frames, code V2020, S0516. The upper age limit for new frames for children ages four through six years of age is now expanded to include children through seven years of age. This coincides with the frequency of new lenses for children. Effective for dates of service on or after November 1, 2012, the frequencies for lenses and frames are as follows:

- Up to three times per year for children up to one year of age.
- Up to four times per year for children age one through three years of age.
- Once every 12 months for children four through seven years of age.
- Once every 24 months after eight years of age.

Safety frames, code S0516, are allowed for children through seven years of age and for members with a diagnosis-related disability or illness where standard frames would pose a safety risk or result in more frequent damage.

Note: Prior authorization should be requested for new lens corrections more frequently than the above limits.

4. Contact lenses. Contact lenses are covered for members with documented keratoconus, aphakia, high myopia, anisometropia, trauma, several ocular surface disease, irregular astigmatism, for treatment of acute or chronic eye disease, or when the member's vision cannot be adequately corrected with spectacle lenses. An invoice must be submitted with the claim.

Soft contact lenses and replacements are allowed when medically necessary.

Gas permeable contact lenses are limited to the following frequencies:

- Up to 16 lenses for children up to one year of age.
- Up to eight lenses every 12 months for children one through three years of age.
- Up to six lenses every 12 months for children four through seven years of age.
- Two lenses every 24 months for members eight years of age and older.

5. Optometrist Services. A review of the Wisconsin Physician Services Medicare Local Coverage Determination (LCD) L32001 identified multiple Medicare covered optometrist services that were not payable by Medicaid. Each of the procedures listed in the LCD are now covered by Medicaid in accordance with the Medicare policy. The “55” modifier must be billed for the pertinent codes in the LCD. The LCD can be accessed at:
<http://www.cms.gov/medicare-coverage-database/search/search-results.aspx?CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=iowa&CptHcpsCode=65772&bc=gAAAAAAAAAAAA&=&>.

The IME appreciates your partnership as we work to improve claim processing. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.